

1. Review
2. Grade Paragraphs
3. Next assignment

Understand	Choose	Organise
<ol style="list-style-type: none"> 1. Reader? Task? 2. Known Pt? 3. Writer? Task? 4. Urgent 5. Why am I writing today? 	<p>What do OET say about choosing?</p> <p>They say choose '<u>relevant</u>' information:</p> <ol style="list-style-type: none"> 1. Needed: 'medications' 2. Appropriate: '2 sons' 	<p>Paragraphs:</p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p><u>Introduction:</u> ?</p> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p> </p> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p> </p> </div> <div style="border: 1px solid black; padding: 5px;"> <p><u>Requests:</u> Tell details what to do EXPAND</p> </div>

Writing sub-test: Assessment criteria and level descriptors

Band	Purpose	Band	Content	Conciseness & Clarity	Genre & Style	Organisation & Layout	Language
3	Purpose of document is immediately apparent and sufficiently expanded as required	7	Content is appropriate to intended reader and addresses what is needed to continue care (key information is included; no important details missing); content from case notes is accurately represented	Length of document is appropriate to case and reader (no irrelevant information included); information is summarised effectively and presented clearly	Writing is clinical/factual and appropriate to genre and reader (discipline and knowledge); technical language, abbreviations and polite language are used appropriately for document and recipient	Organisation and paragraphing are appropriate, logical and clear; key information is highlighted and sub-sections are well organised; document is well laid out	Language features (spelling/punctuation/vocabulary/grammar/sentence structure) are accurate and do not interfere with meaning
		6	Performance shares features of bands 5 and 7				
2	Purpose of document is apparent but not sufficiently highlighted or expanded	5	Content is appropriate to intended reader and mostly addresses what is needed to continue care; content from case notes is generally accurately represented	Length of document is mostly appropriate to case and reader; information is mostly summarised effectively and presented clearly	Writing is clinical/factual and appropriate to genre and reader with occasional, minor inappropriacies; technical language, abbreviations and polite language are used appropriately with minor inconsistencies	Organisation and paragraphing are generally appropriate, logical and clear; occasional lapses of organisation in sub-sections and/or highlighting of key information; layout is generally good	Minor slips in language generally do not interfere with meaning
		4	Performance shares features of bands 3 and 5				
1	Purpose of document is not immediately apparent and may show very limited expansion	3	Content is mostly appropriate to intended reader; some key information (about case or to continue care) may be missing; there may be some inaccuracies in content	Inclusion of some irrelevant information distracts from overall clarity of document; attempt to summarise only partially successful	Writing is at times inappropriate to the document or target reader; over-reliance on technical language and abbreviations may distract reader	Organisation and paragraphing are not always logical; creating strain for the reader; key information may not be highlighted; layout is mostly appropriate with some lapses	Inaccuracies in language, in particular in complex structures, cause minor strain for the reader but do not interfere with meaning
		2	Performance shares features of bands 1 and 3				
0	Purpose of document is partially obscured/unclear and/or misunderstood	1	Content does not provide intended reader sufficient information about the case and what is needed to continue care; key information is missing or inaccurate	Clarity of document is obscured by the inclusion of many unnecessary details; attempt to summarise not successful	The writing shows inadequate understanding of the genre and target reader; mis- or over-use of technical language and abbreviations cause strain for the reader	Organisation not logical, putting strain on the reader; or heavy reliance on case note structure; key information is not well highlighted and the layout may not be appropriate	Inaccuracies in language cause considerable strain for the reader and may interfere with meaning
		0	Performance below Band 1				

Notes:

Assume that today's date is 4 July 2020.

You are a hospital doctor on a geriatric ward and an elderly patient is now ready for discharge.

PATIENT DETAILS

Name: Mr John Beattie
DOB: 23 March 1930 (90 y.o.)
Address: 20 New Street, Newtown

Social Background: Labourer (retired)
 Widowed (wife died 2 yrs ago), now lives alone
 2 sons: Bob, 46 y.o. – lives 500 km away, w 2 children
 Sean, 42 y.o. – divorced, lives 10 km away, has M.S.
 (walks w cane – wheelchair used sometimes)
 Care-giver visits 3x/wk (help w ADLs)
 Cleaner visits 1x/wk
 Interests: watching sport on TV (partic. football)

Allergies: Peanuts

Family History: Nil

Past medical history: 1982: hypertension
 2008: osteoarthritis R hip
 2010: osteoarthritis both knees
 2015: coronary artery disease (CAD)

Current medications: Enalapril 1x/day (hypertension)
 Paracetamol 2x/day (osteoarthritis)
 ACE inhibitor (benazepril) 30 mg/day (CAD)

Hospital treatment record:

1 July 2020 Admission to ED
Subjective: pain (7/10) L side, (fall in kitchen, found on floor by care-giver)
Objective: BP normal (120/80), pulse 78 bpm, BMP (basic metabolic panel) normal
 Height: 163cm, Weight: 75kg, BMI: 28 (healthy)
Diagnosis: minor trauma (bruising) L hip & L arm, laceration above L eye
 Hip/arm fractures ruled out – plain X-rays
 No sutures required, current meds continued

2 July 2020

Transfer to geriatric ward
 Recovering well
 Discussion w pt: wishes to live w either son (lost confidence living alone)

3 July 2020

Discussion w sons:
 Father = ↑ fall risk → ? care home
 Bob: cannot care for father (distance & children), suggests local care home for immediate care (long-term residential solution to be arranged later)
 Sean: wants to care – prevented by MS, eventually agrees to care home

4 July 2020

Pt agrees to care home
Immediate care plan:
 Monitor medication compliance
 Wash laceration w soap & water only (to stop infection)
 Hospital physiotherapist to visit 2x/wk (provide exercises TROM L hip & arm)
Note: geriatric ward outpatient clinic appt. 15 July, transport to be arranged by care home staff

Plan:

Write to manager of care home

Writing Task:

Using the information in the case notes, write a transfer letter to Ms Keller, Care Home Manager, outlining Mr Beattie's relevant medical history, hospital treatment and ongoing care needs. Address the letter to Ms Barbara Keller, Manager, Green Acres Care Home, 200 Green Street, Newtown.

In your answer:

- Expand the relevant notes into complete sentences
- Do not use note form
- Use letter format

The body of the letter should be approximately 180–200 words.


<p>Introduction</p>	<p>Ms Barbara Keller Manager Green Acres Care Home 200 Green Street, Newtown</p> <p>4th July 2020</p> <p>Dear Ms Keller,</p> <p>Re: Mr John Beattie, DOB: 23rd March 1930</p> <p>I am writing regarding Mr Beattie, who was admitted to our hospital after a fall. He is scheduled to be discharged today and requires ongoing care.</p>
<p>Timeline: Story</p>	<p>Hospital treatment record:</p> <p>1 July 2020 Admission to ED Subjective: pain (7/10) L side, (fall in kitchen, found on floor by care-giver) Objective: BP normal (120/80), pulse 78 bpm, BMP (basic metabolic panel) normal Height: 163cm, Weight: 75kg, BMI: 28 (healthy) Diagnosis: minor trauma (bruising) L hip & L arm, laceration above L eye Hip/arm fractures ruled out – plain X-rays No sutures required, current meds continued</p> <p>2 July 2020 Transfer to geriatric ward Recovering well Discussion w pt: wishes to live w either son (lost confidence living alone)</p> <p>3 July 2020 Discussion w sons: Father = T fall risk → ?care home Bob: cannot care for father (distance & children), suggests local care home for immediate care (long-term residential solution to be arranged later) Sean: wants to care – prevented by MS, eventually agrees to care home</p> <p style="text-align: right;">SUMMARISE / REMOVE</p>
<p>Background:</p>	<p>Social Background: Labourer (retired) Widowed (wife died 2 yrs ago), now lives alone 2 sons: Bob, 46 y.o. – lives 500 km away, w 2 children Sean, 42 y.o. – divorced, lives 10 km away, has M.S. (walks w cane – wheelchair used sometimes)</p> <p>Interests: watching sport on TV (partic. football)</p> <p>Allergies: Peanuts</p> <p>Family History: Nil</p> <p>Past medical history: 1982: hypertension 2008: osteoarthritis R hip 2010: osteoarthritis both knees 2015: coronary artery disease (CAD)</p> <p>Current medications: Enalapril 1x/day (hypertension) Paracetamol 2x/day (osteoarthritis) ✓ ACE inhibitor (benazepril) 30 mg/day (CAD)</p> <p style="text-align: right;">SUMMARISE / REMOVE</p>
<p>Requests: Tell reader details of what they need to do</p>	<ul style="list-style-type: none"> ● Purpose: care and support <p>4 July 2020 Pt agrees to care home</p> <p>Immediate care plan: Monitor medication compliance Wash laceration w soap & water only (to stop infection) Hospital physiotherapist to visit 2x/wk (provide exercises FROM L hip & arm) Note: geriatric ward outpatient clinic appt. 15 July, transport to be arranged by care home staff</p> <p>Plan: Write to manager of care home</p>

1

2

3

4

Original	Correction
<p>On 1st July, Mr Beattie was admitted to our hospital with minor bruising on his left hip and arm and laceration above his left eye after a fall. <u>Fortunately</u>, the hip and arm fractures were ruled out, and no sutures were required. Despite being recovering well, Mr Beattie admitted to losing his confidence living alone, and as a result of the discussion with his sons, Mr Beattie has agreed to be admitted to your car home.</p> <p>Judgemental: luck?</p> <p>Admit + to = verb and preposition combination</p> <p>Verb patterns:</p> <p><i>I like to run</i></p> <p><i>I like running</i></p> <p>Rule:</p> <p>If you want to be <u>specific</u> (this!) and it's a body part we use: his / her</p> <p>'the' gives the feeling of treating the patient like a thing...</p> <p>'the killer' 'the' and 'it'</p>	<p>On 1st July, Mr Beattie was admitted to our hospital with minor bruising on his left hip and arm and a laceration above his left eye after a fall. Additionally, his hip and arm fractures were ruled out, and no sutures were required. Despite being recovering well, Mr Beattie acknowledged losing his confidence <u>in</u> living alone, and as a result of the discussion with his sons, Mr Beattie has agreed to be <u>transferred</u> to your <u>care</u> home.</p> <p>Active voice not Passive (a recovery is done by the patient [their body])</p> <p></p> <p>Hands up =</p> <p>ADDING:</p> <p>Additionally^y</p> <p>In addition</p> <p>SEQUENCE:</p> <p>Subsequent^{ly}</p> <p>Consequent^{ly} (result!)</p>

On 1st July 2020, Mr Beattie admitted to ED with a left side pain due to a fall. Based on the examination, he was diagnosed as a minor trauma, which included a bruising of left hip and arm as well as a laceration above left eye. Extremities fractures were ruled out by X-rays. There were no need sutures. The later day , cause of his recovery was well, he was transferred to our geriatric ward. Being lost confidence of

OET Rule:

Clinic:

'visit' = active

'return' = active

Hospital:

'present' = active

Mr Green presented to our clinic (to walk in and say "Im sick")

'was admitted' = Passive (doctor allows you to come in and saty)

Extremity: 'anything coming out of the body'

On 1st July, Mr Beattie was admitted to Emergency Department with a left side pain due to a fall. On examination, minor trauma was noted, which included bruising of **his** left hip and arm as well as a laceration above **his** left eye. ~~Extremities~~ His X-rays rules any fractures of his extremities. There were no sutures needed. He made a good progress, and he was transferred to our geriatric ward.

living alone, Mr Beattie's habitation was discussed with family members; finally they agreed on the care home.

Participle clause

Having lost confidence **in** living alone, Mr Beattie's ~~habitation~~ **living arrangements** were discussed with his family members; finally, they agreed on your care home.

Way too formal!

On 1st July. Mr Beattie presented with a laceration above his left eye, bruising on his left hip and arm due to the aforementioned fall. X-rays ruled out hip and arm fractures. During his hospital stay, he showed good progress. After discussions with his sons, they wanted to transfer him care home which he agreed.

On 1st July. Mr Beattie presented with a laceration above his left eye, **and** bruising on his left hip and arm due to the aforementioned fall. X-rays ruled out hip and arm fractures. During his hospital stay, he showed good progress. After discussions with his sons, it was decided that he would transfer to your care home. ~~they wanted to transfer him care home which he agreed.~~

Use passive to be less direct about why decision made.

Mr Beattie was admitted to our hospital on 1st July 2020 after the aforementioned accident. He had sustained some bruising areas on his left hip and arm, along with a wound on his left eye. His sons were concerned about an elevated risk of further falls and were considering a care home. On 4th July 2020, Mr Beattie consented to this proposal.

Mr Beattie was admitted to our hospital on 1st July 2020 after the aforementioned accident. He had sustained some bruising areas on his left hip and arm, along with a wound on his left eye. His sons were concerned about an elevated risk of further falls and were considering a care home. On 4th July 2020, Mr Beattie consented to this proposal.

Very nice! Some very natural phrasing

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